

Commonwealth of Kentucky
Personnel Cabinet

Health Insurance Program Monthly Report



Prepared for:

Kentucky Group Health Insurance
Board Members

June 2013

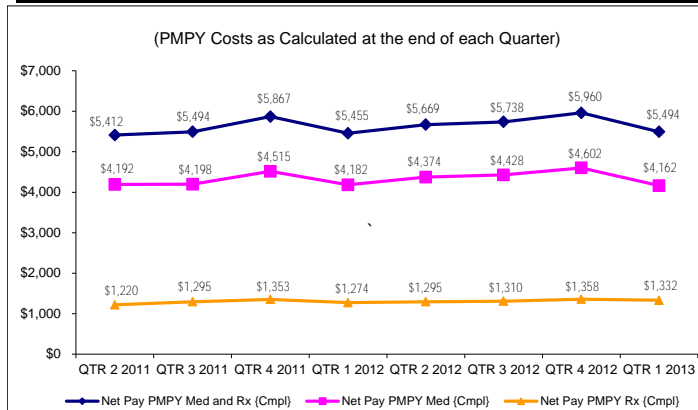
DASHBOARD REPORT: BASED ON INCURRED CLAIMS

Includes Projections for Incurred, but Not Yet Reported (IBNR or CMPL)

Enrollment

Fact	Feb 2012 - Jan 2013	Feb 2011 - Jan 2012	% Change
Employees Avg Med	156,616	159,027	-1.52%
Members Avg Med	270,165	270,585	-0.15%
Family Size Avg	1.7	1.7	1.38%
Member Age Avg	37.4	37.7	-0.83%

Net Incurred Claims Cost per Member



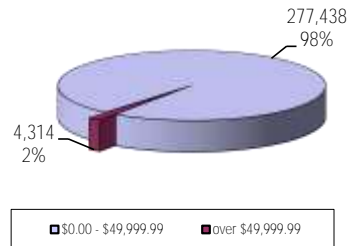
Allowed Claims Costs PMPY with Norms

	Feb 2011 - Jan 2012	Feb 2012 - Jan 2013	% Change	Recent US Norm	Comp to Norm
Allow Amt PMPY Med {Cmpl}	\$4,827.62	\$4,996.74	4%	\$4,112.77	17.69%
Allow Amt PMPY IP Acute {Cmpl}	\$1,343.15	\$1,394.55	4%	N/A	N/A
Allow Amt PMPY OP Med {Cmpl}	\$3,466.23	\$3,582.85	3%	\$2,836.44	20.83%
Allow Amt PMPY OP Fac Med {Cmpl}	\$1,881.88	\$1,973.37	5%	N/A	N/A
Allow Amt PMPY Office Med {Cmpl}	\$964.29	\$970.84	1%	\$0.00	N/A
Allow Amt PMPY OP Lab {Cmpl}	\$320.69	\$343.77	7%	\$0.00	N/A
Allow Amt PMPY OP Rad {Cmpl}	\$552.81	\$548.34	-1%	\$0.00	N/A
Out of Pocket PMPY Med {Cmpl}	\$505.05	\$523.54	4%	\$530.04	-1.24%
Allow Amt PMPY Rx {Cmpl}	\$1,556.29	\$1,580.36	2%	\$1,032.57	34.66%
Out of Pocket PMPY Rx {Cmpl}	\$283.13	\$265.94	-6%	\$0.00	N/A

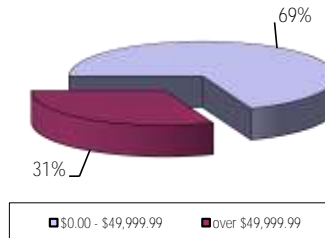
High Cost Claimants

February 12– January 13

% of High Cost Patients



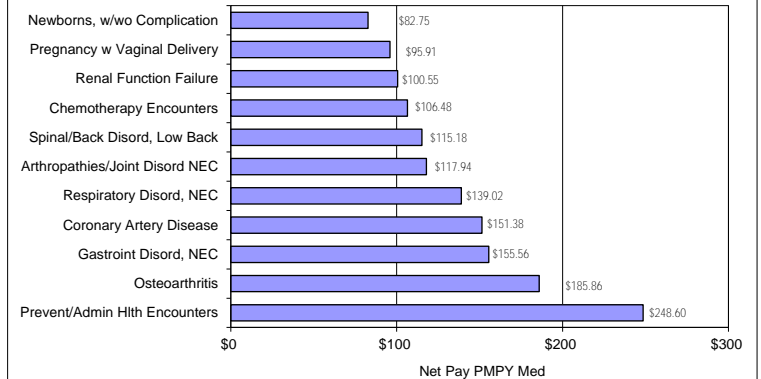
% of Total Net Payments (Med and Rx)



Prescription Drug Programs

	Fact	Feb 2011 - Jan 2012	Feb 2012 - Jan 2013	% Change
Mail Order	Discount Off AWP % Rx	44.67%	52.62%	17.80%
	Scripts Generic Efficiency Rx	92.63%	92.69%	0.06%
Retail	Discount Off AWP % Rx	44.04%	49.34%	12.04%
	Scripts Generic Efficiency Rx	94.67%	94.32%	-0.37%
Total	Discount Off AWP % Rx	44.17%	50.10%	13.43%
	Scripts Generic Efficiency Rx	94.52%	94.17%	-0.36%
	Scripts Maint Rx % Mail Order	11.05%	12.41%	12.40%

Top 10 Clinical Conditions



Cost Drivers Support

Fact	Feb 2011 - Jan 2012	Feb 2012 - Jan 2013	% Change
Allow Amt Per Day Adm Acute	\$3,959.58	\$4,308.42	8.81%
Days Per 1000 Adm Acute	327.45	317.06	-3.17%
Allow Amt Per Visit OP Fac Med	\$998.44	\$1,045.88	4.75%
Visits Per 1000 OP Fac Med	1,884.83	1,878.48	-0.34%
Allow Amt Per Visit Office Med	\$114.59	\$116.49	1.66%
Visits Per 1000 Office Med	8,414.93	8,294.14	-1.44%
Allow Amt Per Day Supply Rx	\$2.62	\$2.70	2.98%
Days Supply PMPY Rx	594.10	585.33	-1.48%

Cost Drivers—Utilization and Price Trends

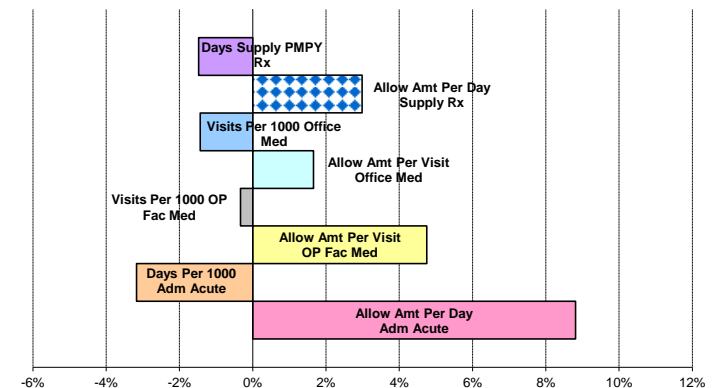


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Introduction

The Department of Employee Insurance (DEI) is pleased to provide an analysis of the Kentucky Employees' Health Plan. In response to requests for data analysis, this report has been prepared to provide information related to enrollment, claims payment, and utilization.

It is the Department's intent to update this information on a monthly basis in an effort to provide current information about Kentucky's Health Insurance Program.

Overview

This report is compiled using Medstat, which is DEI's health insurance information management system. Medstat warehouses enrollment and claims data. Enrollment data is provided by DEI while claims data is provided by each carrier and/or TPA.

Claims information may be analyzed by either "incurred" or "paid" dates. "Incurred" reports specify paid amounts for claims that were incurred in a specified timeframe. Due to the lag time in submittal and payment of claims, historical reports that are based on incurred claims may change significantly with each new database update since additional incurred claims will be added. "Paid" claims reports specify the paid amount for claims regardless of when the claims may have been incurred. Unless otherwise specified, data contained in this report are based on "incurred" claims.

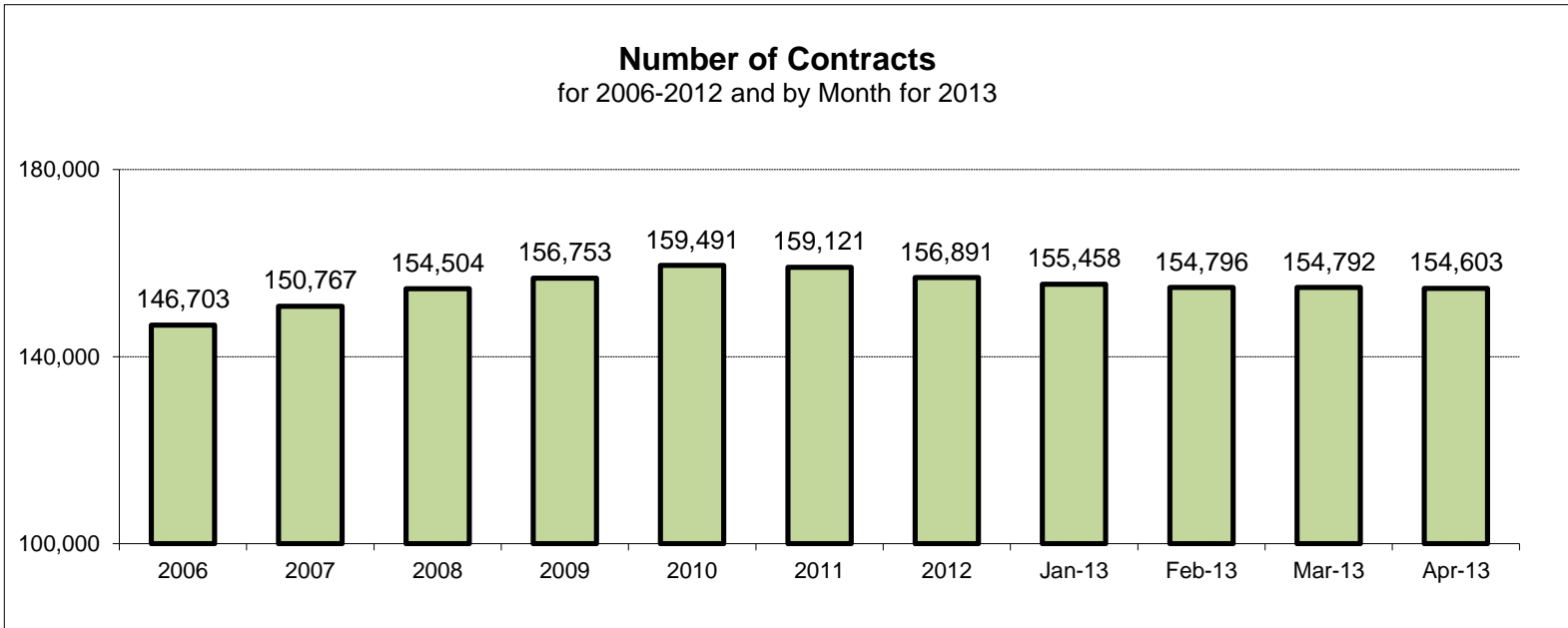
Enrollment in the KEHP changes on a daily basis due to a variety of reasons such as: new hires, adding dependents, dropping dependents, marriage, divorce, becoming Medicare eligible, etc. Therefore, Medstat is dealing with a fluid enrollment base. Also, each carrier processes claims slightly differently. During 2006 Medstat processed enrollment information for a total of 258,809 members as well as 7,973,124 claims (3,96,007 Medical claims and 4,584,166 prescriptions) from different carriers. When dealing with such large numbers it is impossible to tag every claim to a corresponding group, carrier, service type, etc. While the tagging rate for the KEHP data exceeds 99%, you may still see information on reports stated as "~Missing". This indicates any enrollment or claims that could not be "tagged" by Medstat.

Definitions

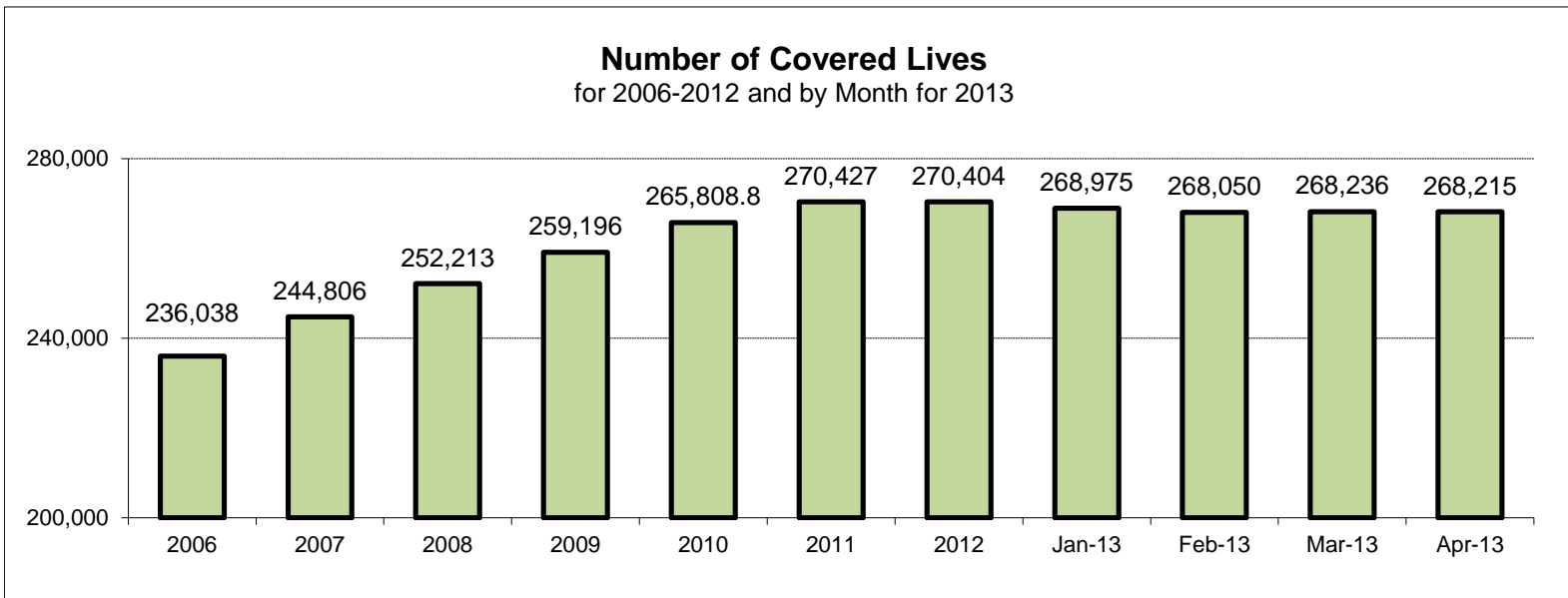
- **Employee** represents an individual eligible to participate in KEHP as a retiree in either KTRS or KRS, or by being employed by one of the agencies that participate with KEHP (example: state employee, school boards, Quasi agency, etc.). Employee may also be referred to as “planholder” or “contracts”. Please note that Medstat deals with Cross-reference plans uniquely. Although there are in fact two “employees” Medstat can only designate the planholder as an employee. Therefore, the cross-referenced spouse is considered a dependent and all claims and utilization data related to them is counted as a “member”.
- **Member** includes all employees plus any dependents that are covered through the KEHP. Members may also be referred to as “covered lives”.
- **Group** is Kentucky Retirement System (KRS), Kentucky Teachers Retirement System (KTRS), State Employees, School Boards, or Other (includes: COBRA, Health Departments, KCTCS, Quasi/Local Governments).
- **Plan** is Standard PPO, Capitol Choice, Optimum PPO, Maximum Choice, Commonwealth Essential, Commonwealth Enhanced, Commonwealth Premier, or Commonwealth Select.
- **Carrier** may be Aetna, Anthem, Bluegrass Family Health, CHA Health, United Healthcare, or Humana (please note that Express Scripts data is designated as Humana).
- **Generic Efficiency** means the number of prescriptions that are filled with a generic product as a percentage of the total number of prescriptions where a generic is available.
- **OOP** is the amount paid out-of-pocket by the member for facility, professional, and prescription drug services. This generally includes coinsurance, co-payment, and deductible amounts.
- **Allowed Amount** is the amount of submitted charges eligible for payment for all claims. It is the amount eligible after applying pricing guidelines, but before deducting third party, co-payment, coinsurance, or deductible amounts.
- **Net Payment** is the net amount paid for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, co-payment, coinsurance, and deductible amounts have been subtracted.
- **Patients** is the unique count of members who received facility, professional, or pharmacy services.
- **Days Supply** is the number of days for which drugs were supplied for prescriptions filled. It represents the number of days of drug therapy covered by a prescription.
- **Mail Order** is computed as any script filled with a “days supply” of more than 30 days, regardless of the physical location where the prescription was filled.
- **Retail** is computed as any script filled with a “days supply” of 30 days or less, regardless of the physical location where the prescription was filled.

Enrollment

The following chart shows planholder enrollment (contracts) for 2006-2012 and monthly year-to-date for 2013. Enrollment will fluctuate on a monthly basis (Approximately 8,000 cross-referenced spouses in any given month are not included)

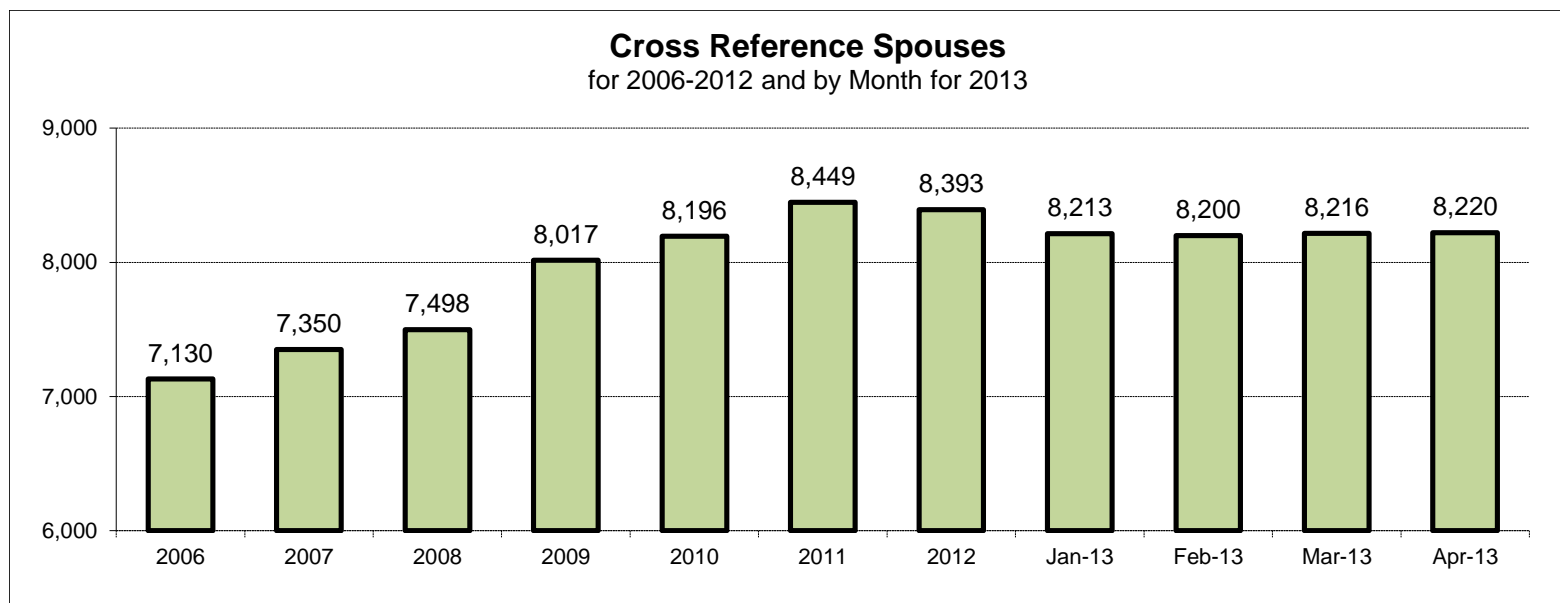


The following chart shows member enrollment (covered lives) for 2006-2012 and monthly year-to-date for 2013. Enrollment will fluctuate on a monthly basis.



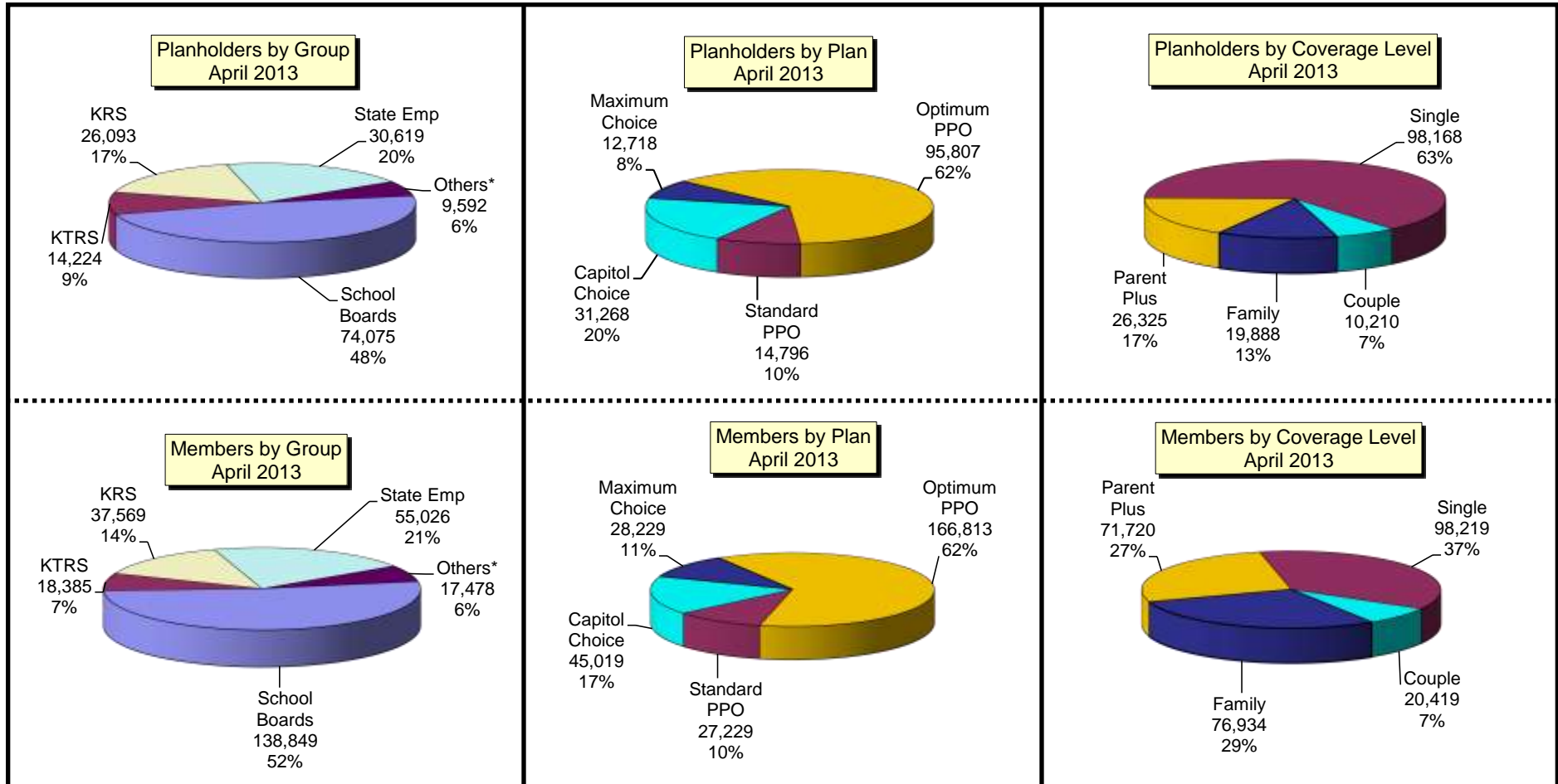
Enrollment *(continued)*

The following graph shows the number of cross-reference spouses for 2006-2012 and monthly year-to-date for 2013. The number of Cross Referenced Spouses will fluctuate on a monthly basis.



Enrollment *(continued)*

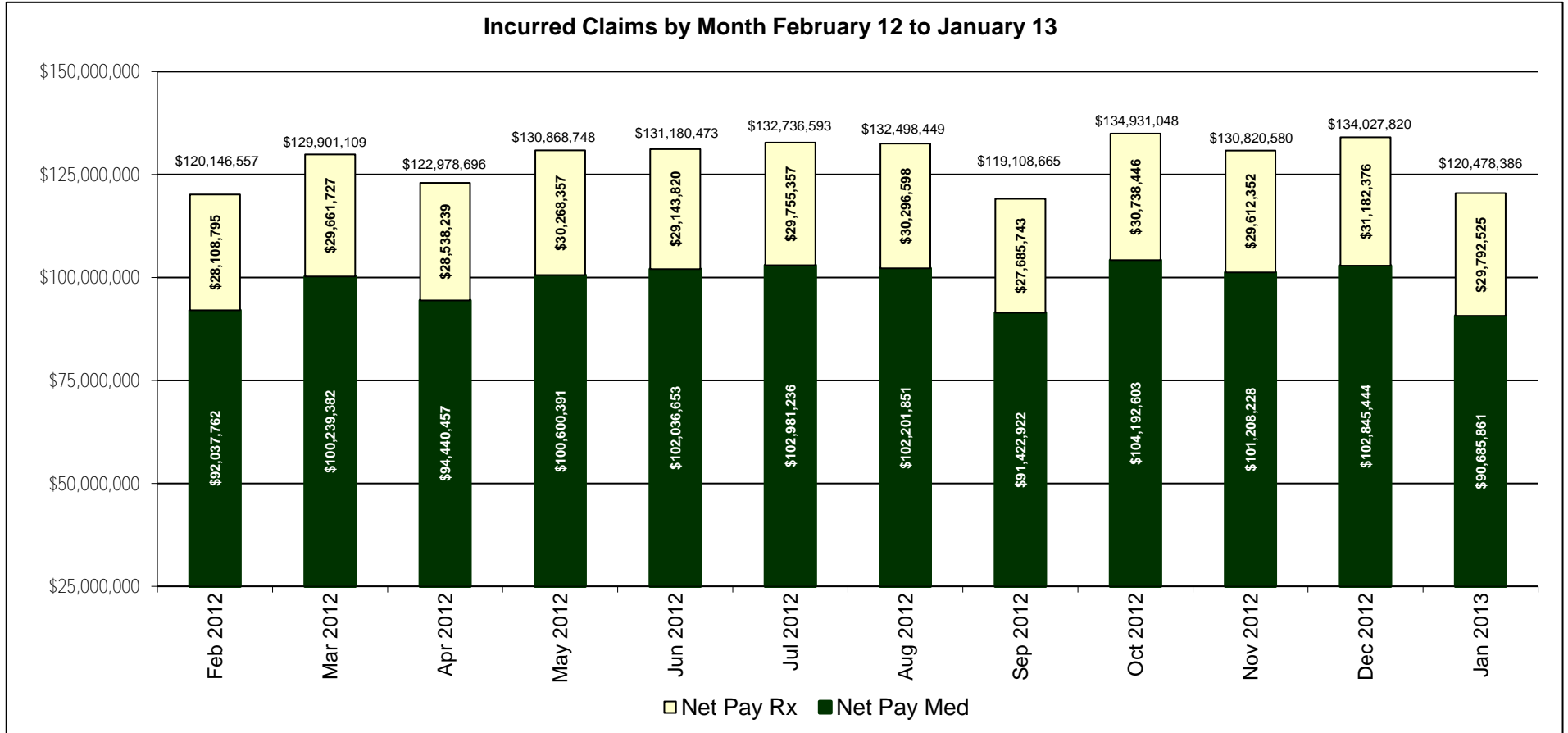
The following charts show Planholder and Member enrollment by group, plan, and coverage level.



* Others include Cobra, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).

Claims Costs

Claims costs include Medical and Prescription (Rx) for the most recent rolling year. Based on Incurred Claims.



Claims Costs *(continued)*

The following tables represent incurred claims by Group for 2006 - 2012 and monthly year-to-date for 2013.

INCURRED MEDICAL CLAIMS (no Rx) by Group:

	School Boards	KTRS	KRS	State Employees	Others*	Totals
2006	\$307,404,829	\$93,874,833	\$147,000,881	\$151,118,572	\$48,943,683	\$748,342,797
2007	\$335,233,747	\$96,138,953	\$156,119,263	\$147,816,830	\$50,969,860	\$786,278,653
2008	\$402,843,851	\$109,319,917	\$194,688,095	\$178,641,561	\$64,333,716	\$949,827,140
2009	\$427,644,878	\$123,944,338	\$220,434,791	\$177,195,445	\$68,628,440	\$1,017,847,892
2010	\$467,251,898	\$134,399,726	\$218,395,487	\$193,151,301	\$79,182,411	\$1,092,380,824
2011	\$474,532,882	\$137,635,363	\$239,524,724	\$200,893,196	\$82,698,400	\$1,135,284,564
2012	\$507,205,970	\$138,016,130	\$242,929,094	\$206,071,182	\$91,779,846	\$1,186,002,222
Jan 2013	\$39,183,424	\$10,389,312	\$19,350,250	\$14,937,379	\$6,825,496	\$90,685,861

* Others include Cobra, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).

Claims Costs *(continued)*

The following tables represent incurred claims by Group for 2006 - 2012 and monthly year-to-date for 2013.

INCURRED Rx CLAIMS (no Med) by Group:

	School Boards	KTRS	KRS	State Employees	Others*	Totals
2006	\$92,676,509	\$35,017,335	\$53,095,577	\$42,857,791	\$13,481,498	\$237,128,711
2007	\$102,883,195	\$37,889,011	\$61,585,393	\$46,102,562	\$15,361,507	\$263,821,668
2008	\$114,318,657	\$42,211,258	\$72,457,449	\$51,523,178	\$17,638,869	\$298,149,411
2009	\$119,002,425	\$45,308,689	\$82,234,684	\$50,881,577	\$18,339,245	\$315,766,619
2010	\$129,624,203	\$49,399,459	\$89,783,758	\$55,125,407	\$21,022,918	\$344,955,745
2011	\$126,612,669	\$48,662,507	\$92,056,058	\$54,201,433	\$20,554,334	\$342,087,000
2012	\$133,915,255	\$50,737,698	\$88,740,059	\$58,532,498	\$21,784,855	\$353,710,366
Jan 2013	\$11,571,929	\$4,431,769	\$6,947,903	\$4,941,970	\$1,898,954	\$29,792,525

** Others include Cobra, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).*

Claims Costs *(continued)*

The following tables represent incurred claims by Plan for 2006-2012 and monthly year-to-date for 2013.

INCURRED MEDICAL CLAIMS (no Rx) by PLAN:

Time Period	Enhanced	Essential	Premier	Select	Capitol Choice	Maximum Choice	Optimum PPO	Standard PPO	Missing*	Total
2006	\$288,475,412	\$5,444,088	\$450,349,287	\$2,662	\$12,098	\$2,001	\$80,928	\$2,313	\$3,974,007	\$748,342,797
2007	\$338,717,549	\$5,049,175	\$499,351,543	\$7,241,677	\$8,146	\$10,878	\$65,746	\$2,173	\$3,721,482	\$854,168,370
2008	\$378,025,074	\$5,426,578	\$549,135,738	\$12,042,184	\$192,471	\$155,016	\$1,237,182	\$30,902	\$3,581,995	\$949,827,140
2009	\$30,875	\$0	\$107,859	\$9,005	\$115,052,390	\$44,250,277	\$839,555,872	\$14,550,862	\$4,290,752	\$1,017,847,892
2010	N/A	N/A	N/A	N/A	\$120,801,466	\$56,099,090	\$893,370,461	\$15,244,745	\$6,865,062	\$1,092,380,824
2011	N/A	N/A	N/A	N/A	\$145,352,229	\$71,473,394	\$871,038,204	\$39,434,073	\$7,986,665	\$1,135,284,564
2012	N/A	N/A	N/A	N/A	\$158,814,690	\$75,310,962	\$885,772,376	\$53,264,235	\$12,839,959	\$1,186,002,222
Jan-13	N/A	N/A	N/A	N/A	\$11,665,369	\$3,315,624	\$70,280,135	\$3,625,763	\$1,798,971	\$90,685,861

**Missing means the claims could not be tagged to a specific plan.*

Claims Costs *(continued)*

The following tables represent incurred claims by Plan for 2006-2012 and monthly year-to-date for 2013.

INCURRED Rx CLAIMS (no Med) by PLAN:

Time Period	Enhanced	Essential	Premier	Select	Capitol Choice	Maximum Choice	Optimum PPO	Standard PPO	Missing*	Total
2006	\$86,176,113	\$1,164,651	\$148,805,657	\$185	\$129	\$460	\$3,784	\$70	\$977,662	\$237,128,711
2007	\$98,794,003	\$968,767	\$162,084,866	\$1,413,084	\$252	\$0	\$9,536	\$1,366	\$484,891	\$263,756,765
2008	\$114,041,269	\$986,314	\$180,478,736	\$1,932,466	\$12,238	\$3,948	\$89,254	\$2,409	\$602,777	\$298,149,411
2009	\$15,498	\$11	\$39,805	\$2,289	\$35,845,894	\$7,804,096	\$267,798,635	\$3,632,729	\$627,662	\$315,766,619
2010	N/A	N/A	N/A	N/A	\$37,400,953	\$10,541,054	\$292,411,029	\$3,839,193	\$763,517	\$344,955,745
2011	N/A	N/A	N/A	N/A	\$44,293,677	\$13,656,977	\$275,538,599	\$8,062,825	\$534,923	\$342,087,000
2012	N/A	N/A	N/A	N/A	\$47,410,565	\$14,364,804	\$280,552,527	\$10,756,370	\$626,101	\$353,710,366
Jan 2013	N/A	N/A	N/A	N/A	\$4,112,600	\$293,886	\$24,146,810	\$1,190,029	\$49,201	\$29,792,525

**Missing means the claims could not be tagged to a specific plan.*

Claims Costs *(continued)*

The following represents incurred medical claims only (does not include Rx) by Coverage Level for 2006-2012 and monthly year-to-date for 2013.

INCURRED MEDICAL CLAIMS (no Rx) by Coverage Level:

Time Period	Couple	Family	Parent Plus	Single	Unknown*	Total
2006	\$105,900,696	\$142,637,212	\$104,245,315	\$391,585,566	\$3,974,007	\$748,342,797
2007	\$123,989,294	\$160,349,021	\$118,430,067	\$447,682,122	\$3,721,482	\$854,171,987
2008	\$138,340,738	\$179,204,916	\$138,984,028	\$489,769,922	\$3,527,536	\$949,827,140
2009	\$148,834,766	\$197,496,335	\$148,195,132	\$519,153,082	\$4,168,576	\$1,017,847,892
2010	\$161,490,560	\$207,327,688	\$168,831,673	\$547,945,617	\$6,785,286	\$1,092,380,824
2011	\$159,431,088	\$230,780,876	\$183,121,174	\$554,017,056	\$7,934,370	\$1,135,284,564
2012	\$159,555,928	\$246,083,342	\$192,206,833	\$575,379,176	\$12,776,943	\$1,186,002,222
Jan 2013	\$11,666,723	\$17,621,039	\$15,863,828	\$44,742,666	\$791,605	\$90,685,861

**Unable to tag claims to a specific coverage level*

Claims Costs *(continued)*

The following represents incurred RX claims only (does not include medical) by Coverage Level for 2006-2012 and monthly year-to-date for 2013.

INCURRED Rx CLAIMS (no Med) by Coverage Level:

Time Period	Couple	Family	Parent Plus	Single	Unknown*	Total
2006	\$38,228,159	\$43,809,856	\$25,948,520	\$128,164,514	\$977,662	\$237,128,711
2007	\$42,590,719	\$49,329,230	\$29,736,616	\$141,680,238	\$484,865	\$263,821,668
2008	\$48,563,951	\$54,628,661	\$34,879,637	\$159,504,290	\$572,873	\$298,149,411
2009	\$51,545,047	\$59,726,568	\$37,315,867	\$166,599,775	\$579,363	\$315,766,619
2010	\$57,195,759	\$64,920,207	\$41,129,813	\$180,993,674	\$716,292	\$344,955,745
2011	\$55,931,767	\$66,677,551	\$43,277,615	\$175,747,149	\$452,918	\$342,087,000
2012	\$54,749,474	\$70,948,688	\$47,898,736	\$179,674,095	\$439,373	\$353,710,366
Jan 2013	\$4,330,479	\$5,730,220	\$4,532,307	\$15,158,176	\$41,343	\$29,792,525

**Unable to tag claims to a specific coverage level*

Medical Claims Utilization

The following is based on medical claims* (does not include Rx) incurred for January 2013.

Commonwealth Plan	Admits Per 1000 Acute	Admits Per 1000 Acute Rcnt Sgovt	%Diff from {Rcnt SGovt}	Days LOS Admit Acute	Days LOS Admit Acute Rcnt Sgovt	%Diff from Rcnt SGovt	Days Per 1000 Adm Acute	Days Per 1000 Adm Acute Rcnt Sgovt	%Diff from Rcnt Sgovt
Capitol Choice	61.23	72.95	-16.08%	4.06	4.98	-18.32%	248.88	285.96	-12.97%
Maximum Choice	46.80	61.68	-24.12%	3.74	4.33	-13.81%	174.88	235.03	-25.60%
Optimum PPO	80.08	69.19	15.74%	4.55	5.67	-19.72%	364.62	280.87	29.82%
Standard PPO	46.19	66.40	-30.44%	3.66	4.48	-18.33%	169.05	256.29	-34.04%
Average	70.04	68.76	1.87%	4.37	5.40	-19.13%	305.79	274.48	11.41%

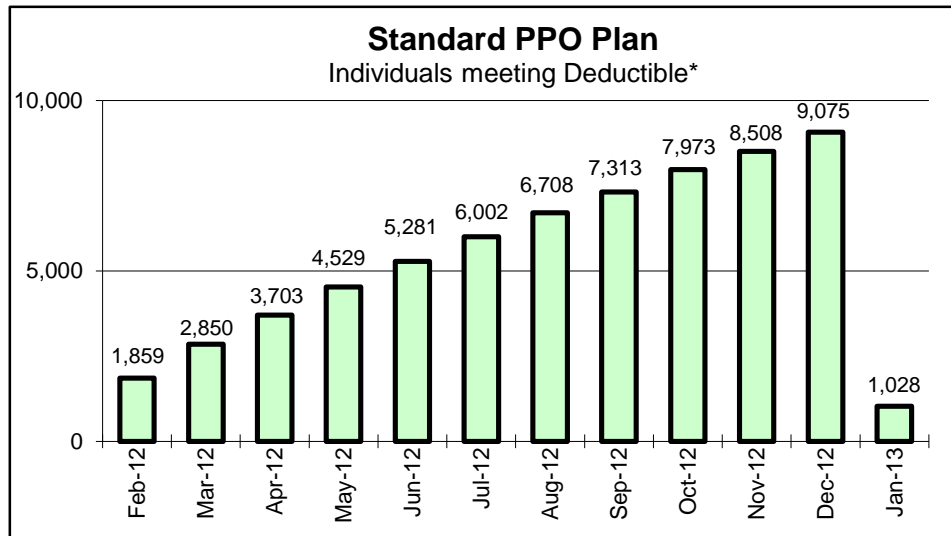
Commonwealth Plan	Visits Per 1000 Office Med	Visits Per 1000 Office Med Rcnt Sgovt	%Diff from Rcnt SGovt	Visits Per 1000 ER	Visits Per 1000 ER Rcnt Sgovt	%Diff from Rcnt Sgovt
Capitol Choice	7,908.91	8,022.85	-1.42%	212.84	229.69	-7.34%
Maximum Choice	6,723.97	6,893.49	-2.46%	188.92	226.02	-16.42%
Optimum PPO	9,744.01	7,992.33	21.92%	259.01	225.78	14.72%
Standard PPO	5,281.42	7,181.18	-26.45%	218.83	228.12	-4.07%
Average	8,674.46	7,801.55	11.19%	239.89	226.70	5.82%

Commonwealth Plan	Svcs Per 1000 OP Lab	Svcs Per 1000 OP Lab Rcnt US	%Diff from Rcnt US	Svcs Per 1000 OP Rad	Svcs Per 1000 OP Rad Rcnt US	%Diff from Rcnt US
Capitol Choice	9,613.46	8,141.34	18.08%	2,541.33	2,270.91	11.91%
Maximum Choice	7,900.44	6,536.07	20.87%	1,825.76	1,683.58	8.45%
Optimum PPO	13,086.46	7,938.69	64.84%	3,234.85	2,258.92	43.20%
Standard PPO	6,949.07	7,011.92	-0.90%	1,673.48	1,833.14	-8.71%
Average	11,347.47	7,733.52	46.73%	2,815.02	2,158.25	30.43%

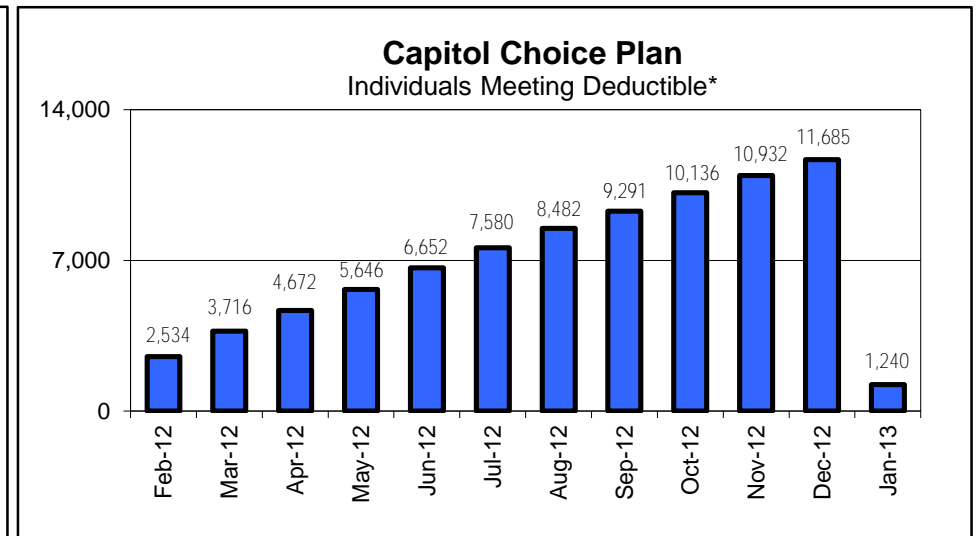
*Services are tracked by each service, not by each visit. Therefore, if two laboratory services are performed at one visit, it will count as two services.

Analysis of Individuals and Families Meeting Their Deductibles

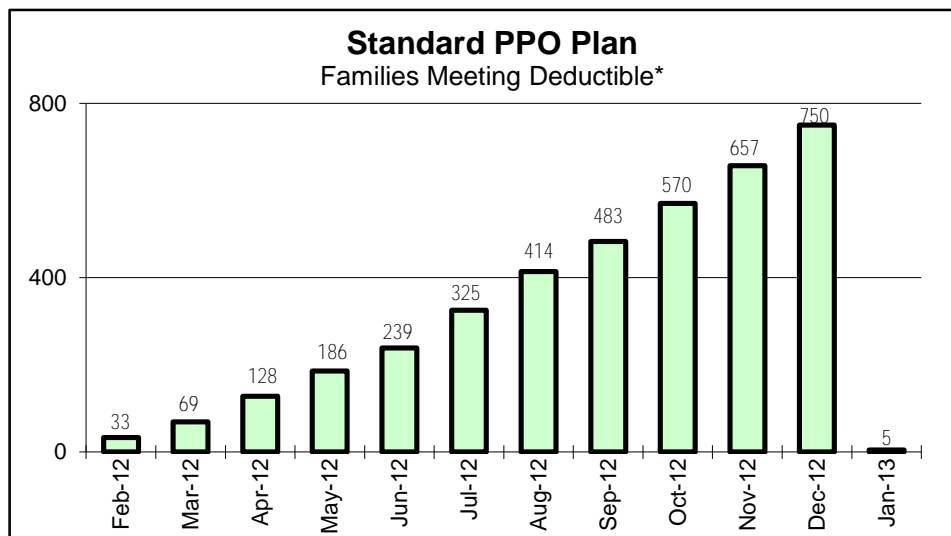
The following details the number of individuals and families by plan that met their deductible for the latest rolling year. This report is based on incurred claims.



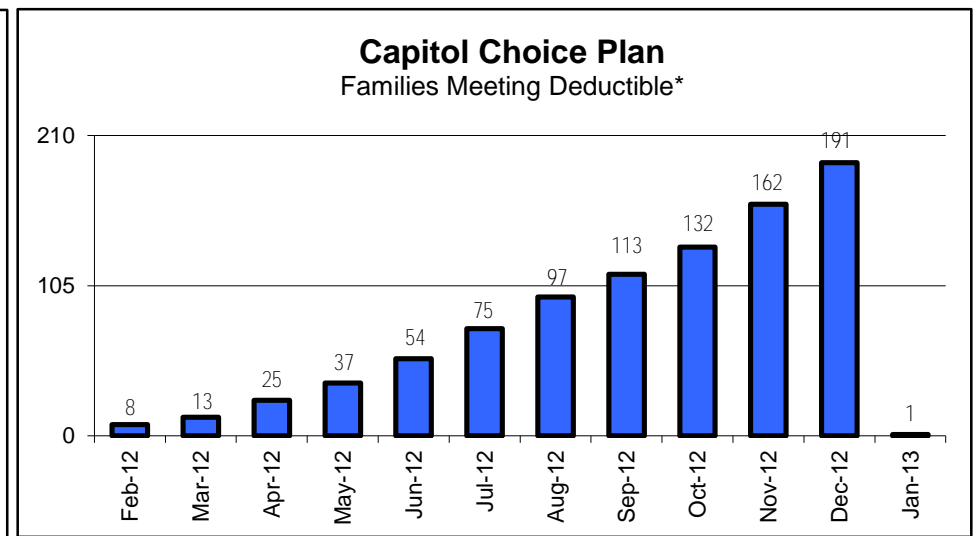
* 2012 Individual Deductible is \$500; 2013 Individual Deductible is \$600



* 2012 Individual Deductible is \$600; 2013 Individual Deductible is \$615



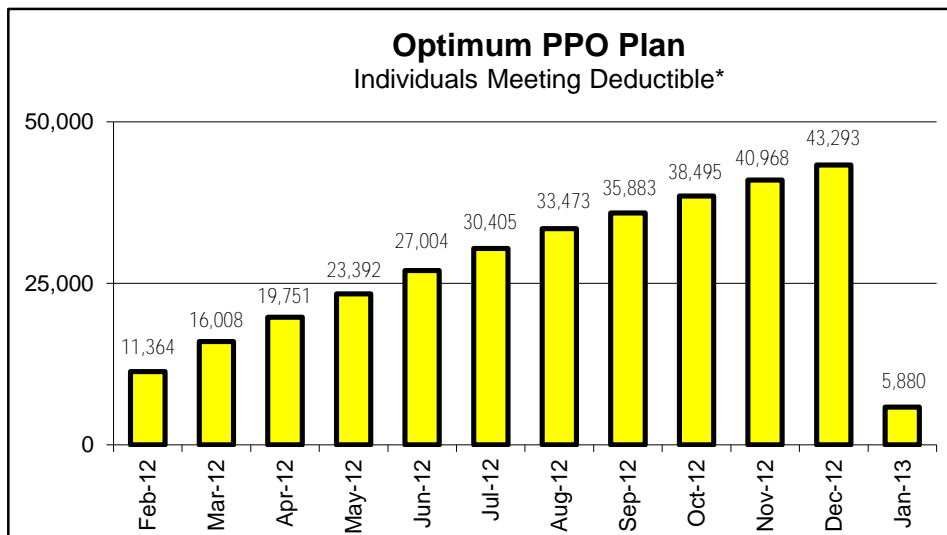
* 2012 Family Deductible is \$1,500; 2013 Family Deductible is \$1,800



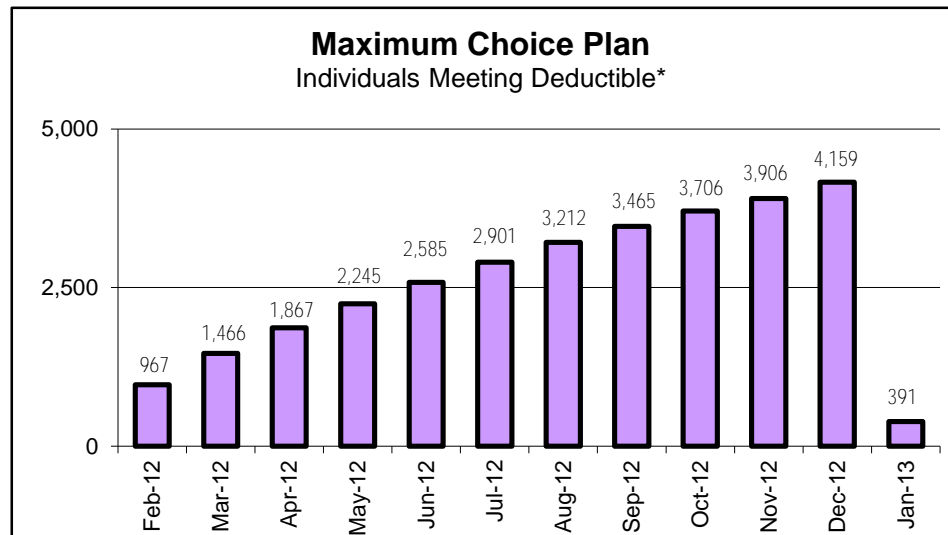
* 2012 Family Deductible is \$1,800; 2013 Family Deductible is \$1,850

Analysis of Individuals and Families Meeting Their Deductibles *(continued)*

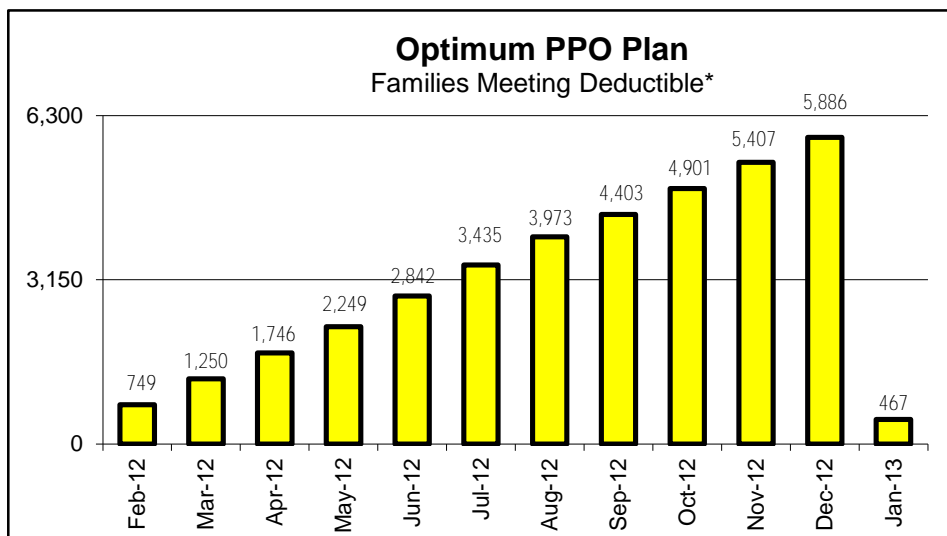
The following details the number of individuals and families by plan that met their deductible for the latest rolling year. This report is based on incurred claims.



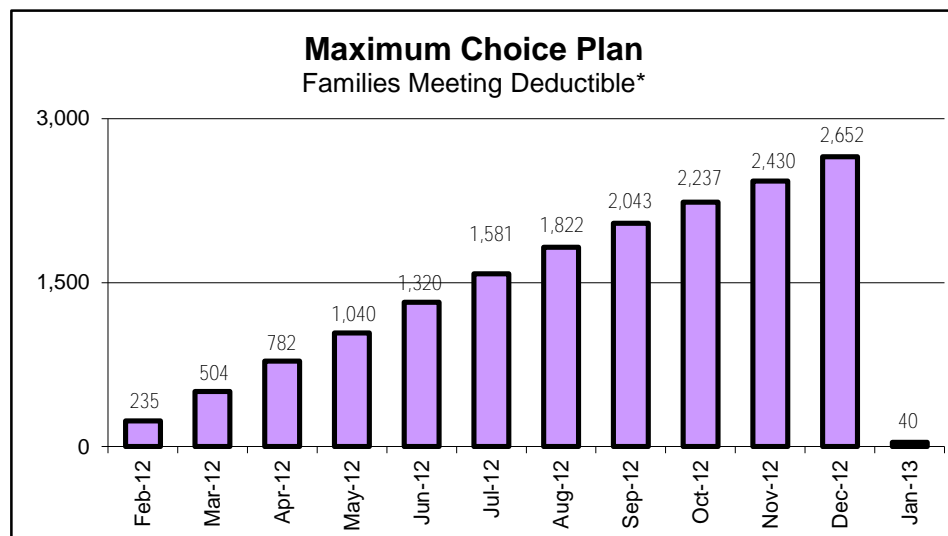
* 2012 Individual Deductible is \$355; 2013 Individual Deductible is \$370



* 2012 Individual Deductible is \$2,325; 2013 Individual Deductible is \$2,450



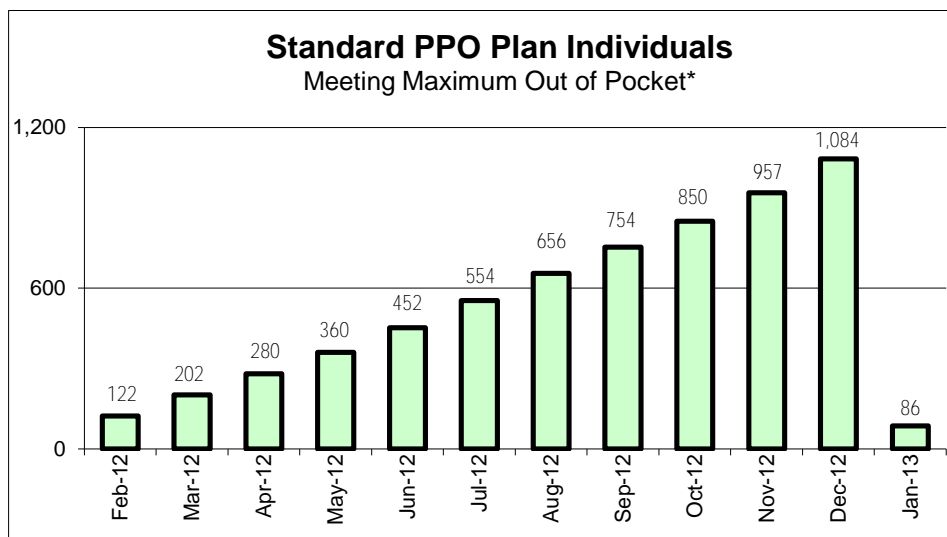
* 2012 Family Deductible is \$720; 2013 Family Deductible is \$740



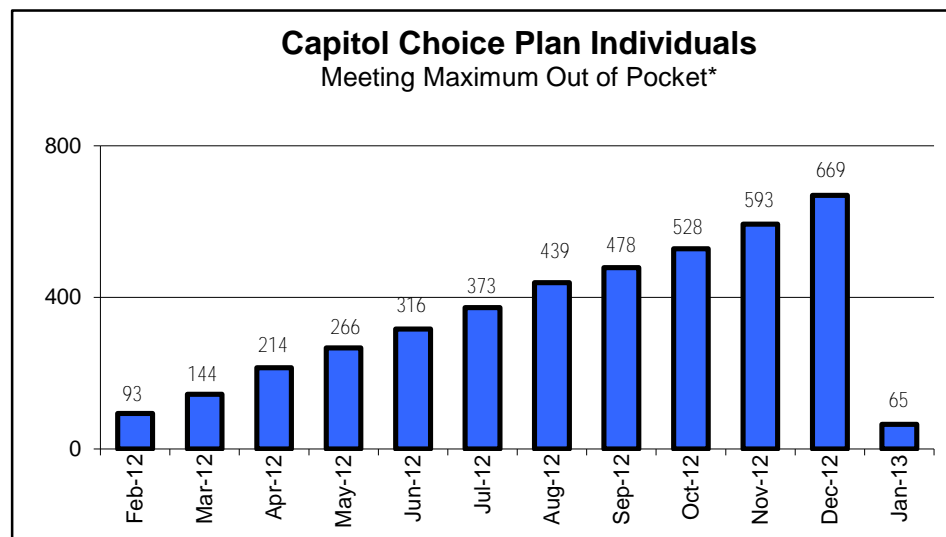
* 2012 Family Deductible is \$3,530; 2013 Family Deductible is \$3,650

Analysis of Individuals and Families Meeting Their Maximum Out of Pocket Expenses *(continued)*

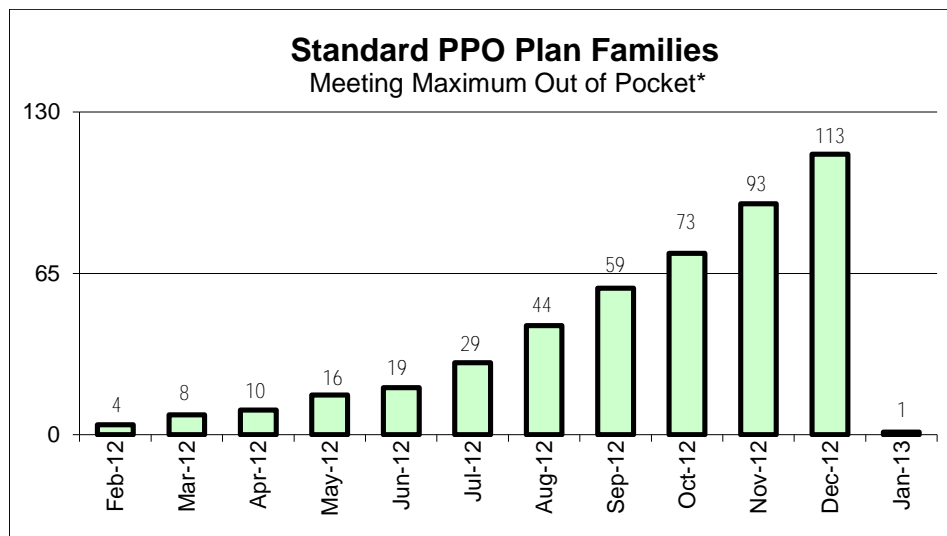
The following details the number of individuals and families by plan that met their maximum out of pocket expense for the latest rolling year. This report is based on incurred claims.



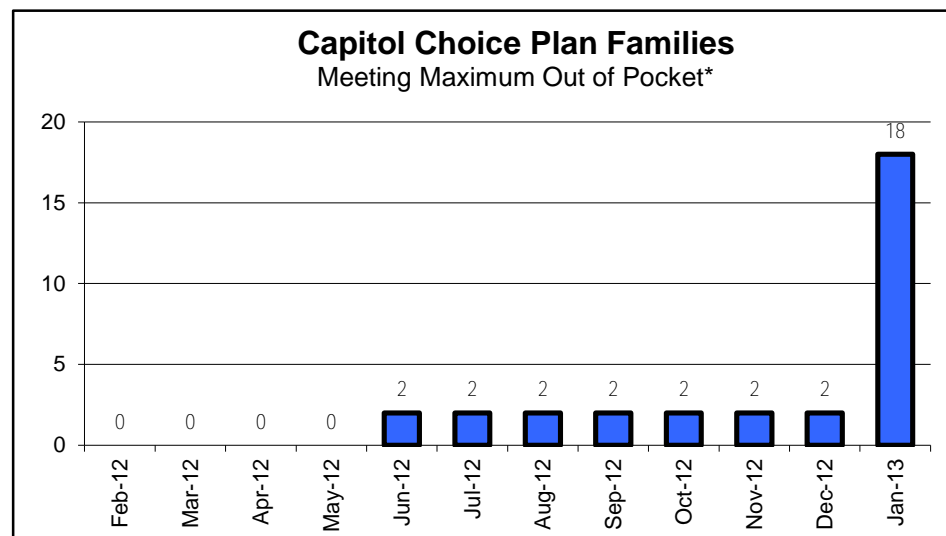
* 2012 Individual Maximum Out of Pocket is \$3,500; 2013 Individual Maximum Out of Pocket is \$3,000



* 2012 Individual Maximum Out of Pocket is \$2,400; 2013 Individual Maximum Out of Pocket is \$2,470



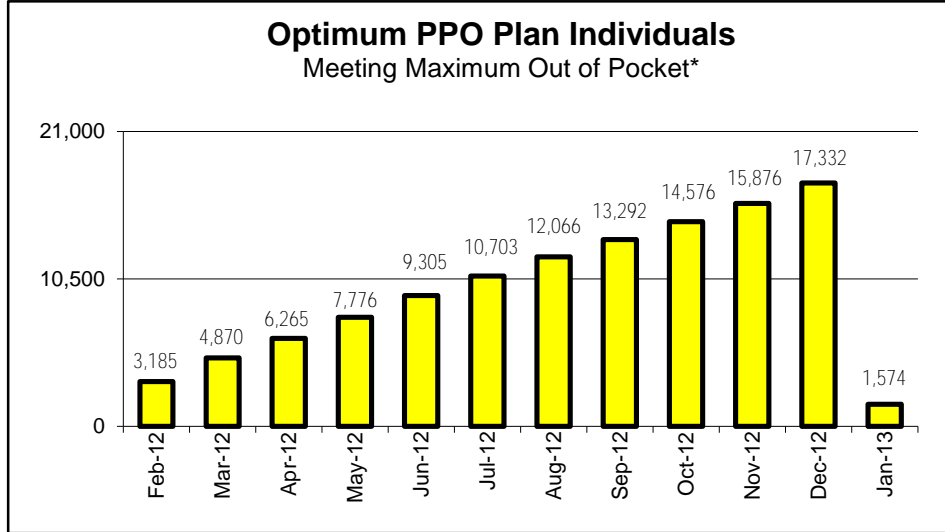
* 2012 Family Maximum Out of Pocket is \$7,000; 2013 Maximum Out of Pocket is \$6,000



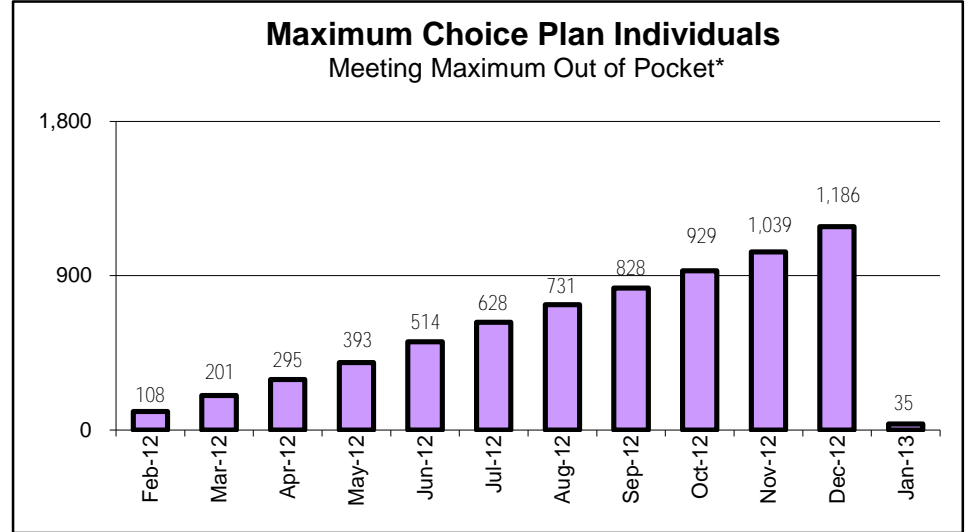
* 2012 Family Maximum Out of Pocket is \$7,000; 2013 Family Maximum Out of Pocket is \$7,400

Analysis of Individuals and Families Meeting Their Maximum Out of Pocket Expenses *(continued)*

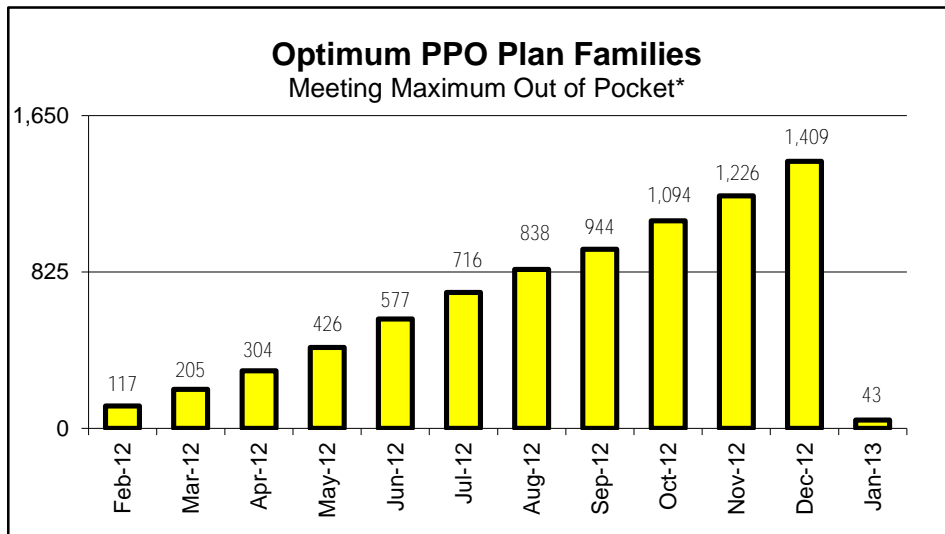
The following details the number of individuals and families by plan that met their maximum out of pocket expense for the latest rolling year. This report is based on incurred claims.



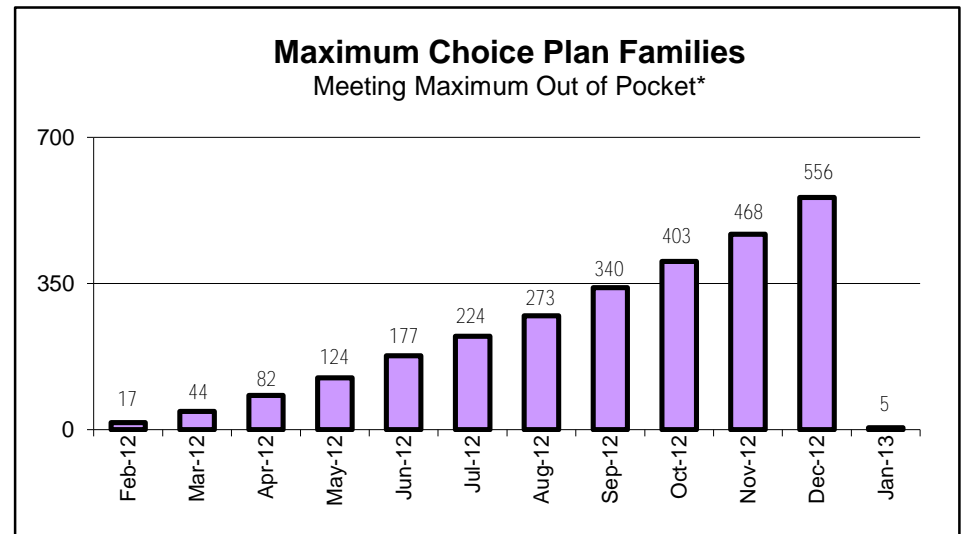
* 2012 Individual Maximum Out of Pocket is \$1,350; 2013 Maximum Out of Pocket is \$1,390



* 2012 Individual Maximum Out of Pocket is \$3,550; 2013 Individual Max Out of Pocket is \$3,700



* 2012 Family Maximum Out of Pocket is \$2,700; 2013 Family Maximum Out of Pocket is \$2,780



* 2012 Family Maximum Out of Pocket is \$5,280; 2013 Family Maximum Out of Pocket is \$5,400

Historical Analysis of Individuals and Families Meeting Their Deductibles and Maximum Out of Pocket Expenses

(continued)

The following details the number of individuals and families by plan that met their deductibles and/or maximum out of pocket (MOOP) expense for the years 2006-2013. This report is based on incurred claims.

Individuals and Families in Essential (2006-08) and Standard PPO (2009-13)									
		Individuals				Families			
Plan year	Plan Name	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting MOOP	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting MOOP
2006	Essential	\$750	22.14%	\$3,500	2.96%	\$1,500	16.35%	\$7,000	1.08%
2007	Essential	\$750	22.41%	\$3,500	3.30%	\$1,500	17.70%	\$7,000	1.16%
2008	Essential	\$750	24.25%	\$3,500	4.01%	\$1,500	19.35%	\$7,000	1.51%
2009	Standard PPO	\$750	32.06%	\$3,500	5.85%	\$1,500	8.74%	\$7,000	1.14%
2010	Standard PPO	\$500	38.12%	\$3,500	4.81%	\$1,500	3.61%	\$7,000	0.73%
2011	Standard PPO	\$500	39.40%	\$3,500	4.55%	\$1,500	3.99%	\$7,000	0.56%
2012	Standard PPO	\$500	40.20%	\$3,500	4.80%	\$1,500	4.87%	\$7,000	0.73%
2013	Standard PPO	\$600	3.84%	\$3,000	0.32%	\$1,800	0.03%	\$6,000	0.01%

Individuals and Families in Enhanced (2006-08) and Capitol Choice (2009-13)									
		Individuals				Families			
Plan year	Plan Name	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting MOOP	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting MOOP
2006	Enhanced	\$250	21.52%	\$1,250	5.80%	\$500	9.95%	\$2,500	0.94%
2007	Enhanced	\$250	21.31%	\$1,250	7.48%	\$500	8.93%	\$2,500	1.00%
2008	Enhanced	\$250	21.95%	\$1,250	8.11%	\$500	9.06%	\$2,500	1.20%
2009	Capitol Choice	\$500	27.85%	\$2,000	1.86%	\$1,500	0.59%	\$6,000	0.01%
2010	Capitol Choice	\$500	25.19%	\$2,000	1.84%	\$1,500	0.49%	\$6,000	0.01%
2011	Capitol Choice	\$575	24.93%	\$2,300	1.61%	\$1,725	0.45%	\$6,900	0.01%
2012	Capitol Choice	\$600	25.73%	\$2,400	1.47%	\$1,800	0.55%	\$7,000	0.01%
2013	Capitol Choice	\$615	0.19%	\$2,470	0.14%	\$1,850	0.00%	\$7,400	0.06%

Historical Analysis of Individuals and Families Meeting Their Deductibles and Maximum Out of Pocket Expenses

(continued)

The following details the number of individuals and families by plan that met their deductibles and/or maximum out of pocket expense for the years 2006-2013. This report is based on incurred claims.

Individuals and Families in Premier (2006-08) and Optimum PPO (2009-12)									
		Individuals				Families			
Plan year	Plan Name	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting MOOP	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting MOOP
2006	Premier	\$250	30.15%	\$1,000	6.70%	\$500	9.95%	\$2,000	1.17%
2007	Premier	\$250	30.04%	\$1,000	7.78%	\$500	8.93%	\$2,000	1.20%
2008	Premier	\$250	30.51%	\$1,000	8.60%	\$500	9.06%	\$2,000	1.26%
2009	Optimum PPO	\$250	27.18%	\$1,125	10.05%	\$500	8.42%	\$2,250	1.51%
2010	Optimum PPO	\$300	25.80%	\$1,125	10.89%	\$600	7.05%	\$2,250	1.47%
2011	Optimum PPO	\$345	25.16%	\$1,295	9.99%	\$690	7.31%	\$2,590	1.36%
2012	Optimum PPO	\$355	24.87%	\$1,350	9.96%	\$720	5.50%	\$2,700	1.32%
2013	Optimum PPO	\$370	3.48%	\$1,390	0.93%	\$740	1.49%	\$2,780	0.04%

Individuals and Families in Select (2007-08) and Maximum Choice (2009-12)									
		Individuals				Families			
Plan year	Plan Name	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting MOOP	Deductible	Percent Meeting Deductible	Max Out of Pocket	Percent Meeting MOOP
2007	Select	\$2,000	11.72%	\$3,000	3.01%	\$3,000	18.50%	\$4,500	2.61%
2008	Select	\$2,000	12.81%	\$3,000	3.63%	\$3,000	20.03%	\$4,500	3.91%
2009	Maximum Choice	\$2,000	14.90%	\$3,000	4.52%	\$3,000	15.96%	\$4,500	3.64%
2010	Maximum Choice	\$2,000	15.12%	\$3,000	4.91%	\$3,000	16.78%	\$4,500	4.14%
2011	Maximum Choice	\$2,300	14.60%	\$3,455	4.53%	\$3,455	18.28%	\$5,185	4.37%
2012	Maximum Choice	\$2,325	14.68%	\$3,550	4.19%	\$3,530	18.71%	\$5,280	3.92%
2013	Maximum Choice	\$2,450	1.39%	\$3,700	0.12%	\$3,650	0.32%	\$5,400	0.04%

Premium (or Premium Equivalent)

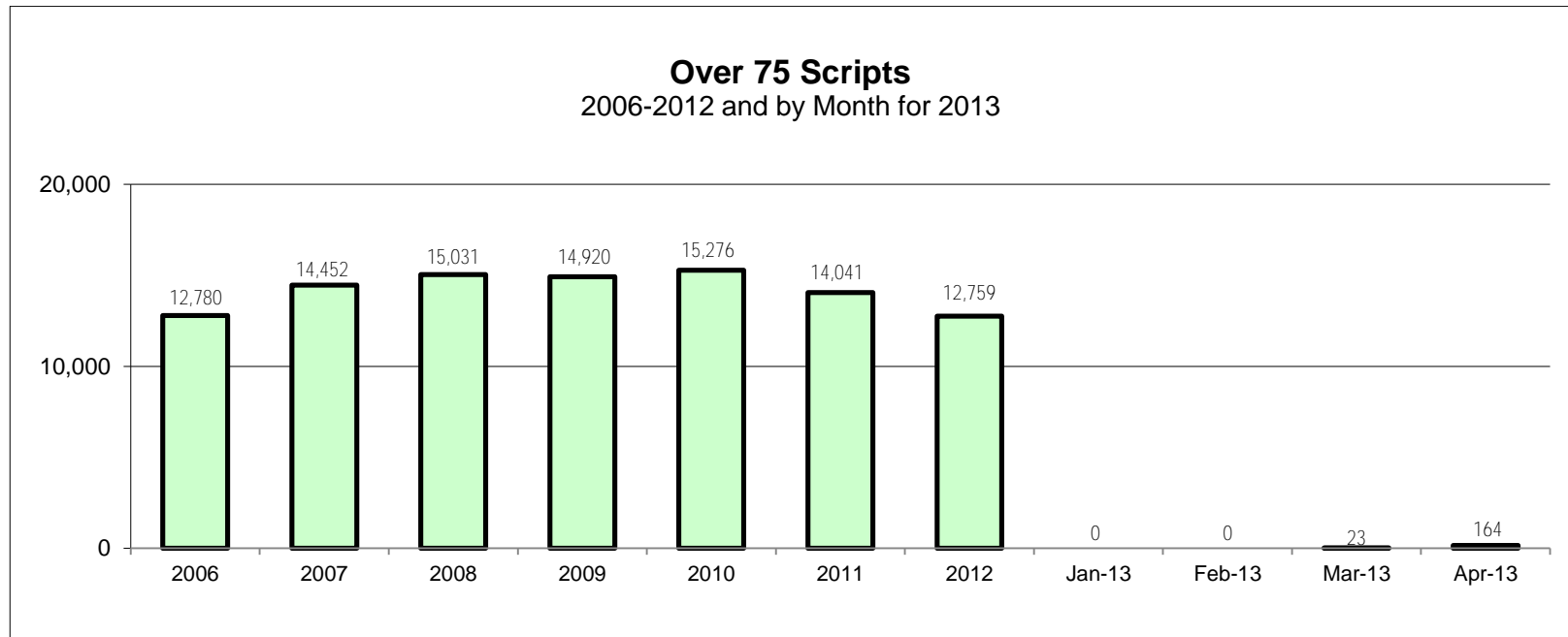
The following details the amount of premium* (or premium equivalent) paid by the employee and employer for 2006-2012 and monthly through 2013.

Time Period	Employee Premium Amount	Employer Premium Amount	Total Premium Amount
2006	\$153,787,780	\$948,458,338	\$1,102,246,118
2007	\$167,530,819	\$973,220,791	\$1,140,751,611
2008	\$179,094,322	\$1,039,574,462	\$1,218,668,784
2009	\$210,980,360	\$1,190,104,292	\$1,401,084,653
2010	\$223,160,749	\$1,325,801,265	\$1,548,962,014
2011	\$274,375,886	\$1,324,091,690	\$1,598,467,575
2012	\$271,663,955	\$1,332,767,157	\$1,604,431,112
Jan-13	\$23,024,056	\$112,131,283	\$135,155,339
Feb-13	\$22,876,405	\$111,640,166	\$134,516,571
Mar-13	\$22,816,111	\$111,627,434	\$134,443,546
Apr-13	\$22,779,603	\$111,507,990	\$134,287,593

**Premium (or premium equivalent) is based on enrollment using published premium rates—it is NOT based on actual payments received.*

Prescription Drug Utilization

The following details the number of families that have purchased 75 scripts or more during 2006-2012 and by month for 2013. After a family has filled 75 prescriptions via retail purchase, the co-payment is reduced to \$20 for 2nd tier and \$35 for 3rd tier.



The table below summarizes plan impact for families regarding the scripts benefit in 2013:

Script Count, per Family	Number of Families	Number of Scripts	Avg. # of Scripts per Patient	Avg. Net Payment per Script	Net Payments For All Scripts
0 - 75	114,307	1,379,260	8.30	\$71.16	\$98,148,921.56
Over 75	164	14,314	35.70	\$85.81	\$1,228,232.57
Total	114,471	1,393,574	8.37	\$71.31	\$99,377,154.13

Prescription Drug Utilization *(continued)*

The following details the type of prescription filled, the percent that were generic, and the generic efficiency rate for the most recent rolling year. Based on paid claims..

Time Period	Generic	Brand Name, Generic Available	Brand Name	Other*	Total	Scripts Rx % Generic	Scripts Generic Efficiency Rx
May 2012	347,146	21,833	83,874	8,363	461,216	75.27%	94.08%
Jun 2012	289,148	18,275	68,450	7,688	383,561	75.39%	94.06%
Jul 2012	342,706	21,617	80,552	8,715	453,590	75.55%	94.07%
Aug 2012	276,219	17,444	60,270	10,982	364,915	75.69%	94.06%
Sep 2012	286,689	17,826	61,812	8,151	374,478	76.56%	94.15%
Oct 2012	365,129	22,331	85,065	10,432	482,957	75.60%	94.24%
Nov 2012	294,573	17,254	61,112	7,395	380,334	77.45%	94.47%
Dec 2012	313,665	18,157	64,424	8,376	404,622	77.52%	94.53%
Jan 2013	370,895	21,572	77,728	9,727	479,922	77.28%	94.50%
Feb 2013	301,527	16,758	58,137	7,880	384,302	78.46%	94.73%
Mar 2013	303,310	16,689	57,308	8,216	385,523	78.67%	94.78%
Apr 2013	358,121	20,016	68,104	10,454	456,695	78.42%	94.71%

**Includes: Over the Counter (usually items such as diabetic supplies, syringes, and test strips, etc.), Other/Unavailable or Missing (Unable to tag to a specific group).*

Prescription Drug Utilization *(continued)*

The following details the number of members and patients utilizing prescription benefits and the associated costs for the most recent rolling year. Based on Incurred Claims.

Time Period	Members	Patients	Scripts	Scripts Per Member	Scripts Per Patient	Allow Amt* Per Script	Net Pay Per Script	Member Cost Per Script	Patient Cost Per Script
Feb 2012	270,589	170,761	421,909	1.55	2.93	\$82.59	\$66.62	\$24.90	\$39.45
Mar 2012	270,990	171,599	434,869	1.60	3.01	\$83.69	\$68.21	\$24.85	\$39.24
Apr 2012	270,888	165,749	406,213	1.49	2.93	\$85.15	\$70.25	\$22.34	\$36.51
May 2012	270,920	166,281	418,885	1.54	3.00	\$86.87	\$72.26	\$22.59	\$36.80
Jun 2012	270,646	164,075	398,679	1.47	2.95	\$87.46	\$73.10	\$21.16	\$34.90
Jul 2012	268,605	165,378	398,563	1.48	2.96	\$88.80	\$74.66	\$20.98	\$34.08
Aug 2012	267,402	167,338	413,631	1.54	2.99	\$86.99	\$73.25	\$21.26	\$33.98
Sep 2012	265,359	163,976	389,572	1.46	2.86	\$84.32	\$71.07	\$19.45	\$31.47
Oct 2012	269,102	176,368	433,793	1.61	3.01	\$83.84	\$70.86	\$20.93	\$31.93
Nov 2012	268,997	169,608	416,443	1.54	2.93	\$84.04	\$71.11	\$20.02	\$31.76
Dec 2012	269,238	169,727	432,090	1.60	2.98	\$85.26	\$72.17	\$21.01	\$33.33
Jan 2013	268,023	175,102	432,454	1.61	2.95	\$85.68	\$68.89	\$27.08	\$41.45

***Allow Amt" is the amount of submitted charges eligible for payment for all claims. It is the amount eligible after applying pricing guidelines, but before deducting third party, co-payment, coinsurance, or deductible amounts.*

Prescription Drug Utilization *(continued)*

The following Top 25 Drug Analysis is based on Rx claims incurred January 2013.

Prev Rank	Curr Rank	Product Name	Brand/Generic	Therapeutic Classes	Net Pay Rx	Net Pay Rx as Pct of All Drugs	Scripts Rx	Net Pay Per Day Supply Rx	Patients Rx
1	1	NEXIUM	Single source brand	Gastrointestinal Drugs	\$933,567.54	3.13%	3,836	\$6.18	3,785
2	2	CRESTOR	Single source brand	Cardiovascular Agents	\$819,305.29	2.75%	4,754	\$4.19	4,713
3	3	CYMBALTA	Single source brand	Central Nervous System	\$792,770.76	2.66%	3,039	\$7.07	2,921
4	4	HUMIRA	Single source brand	Immunosuppressants	\$765,554.20	2.57%	244	\$83.54	225
5	5	ENBREL	Single source brand	Immunosuppressants	\$679,264.16	2.28%	186	\$85.96	175
-	6	TAMIFLU	Single source brand	Anti-Infective Agents	\$540,037.34	1.81%	6,390	\$12.97	6,499
7	7	COPAXONE	Single source brand	Misc Therapeutic Agents	\$462,569.91	1.55%	74	\$151.17	68
8	8	ABILIFY	Single source brand	Central Nervous System	\$451,337.29	1.51%	668	\$18.39	669
-	9	MONTELUKAST SODIUM	Multisource generic	Respiratory Tract Agents	\$321,186.65	1.08%	5,212	\$1.67	5,186
9	10	JANUVIA	Single source brand	Hormones & Synthetic Subst	\$314,004.65	1.05%	1,138	\$6.73	1,122
11	11	LANTUS SOLOSTAR	Single source brand	Hormones & Synthetic Subst	\$267,783.18	0.90%	855	\$7.86	848
14	12	ANDROGEL	Multisource brand, no generic	Hormones & Synthetic Subst	\$261,662.87	0.88%	620	\$12.55	629
10	13	ATORVASTATIN CALCIUM	Multisource generic	Cardiovascular Agents	\$254,813.16	0.86%	4,265	\$1.43	4,204
15	14	VICTOZA	Single source brand	Hormones & Synthetic Subst	\$230,779.26	0.77%	526	\$11.92	522
18	15	GILENYA	Single source brand	Misc Therapeutic Agents	\$227,337.46	0.76%	33	\$162.38	32
16	16	CELEBREX	Single source brand	Central Nervous System	\$221,239.13	0.74%	1,056	\$5.39	1,047
-	17	REVLIMID	Single source brand	Misc Therapeutic Agents	\$218,261.36	0.73%	27	\$338.92	23
13	18	GABAPENTIN	Multisource generic	Central Nervous System	\$209,663.32	0.70%	3,710	\$1.57	3,585
12	19	LOVAZA	Single source brand	Cardiovascular Agents	\$205,852.04	0.69%	1,093	\$4.72	1,090
-	20	STELARA	Single source brand	Immunosuppressants	\$190,910.61	0.64%	18	\$357.51	18
-	21	REBIF	Single source brand	Misc Therapeutic Agents	\$190,609.22	0.64%	29	\$138.93	29
20	22	OMEPRAZOLE	Multisource generic	Gastrointestinal Drugs	\$186,902.31	0.63%	8,739	\$0.54	8,695
22	23	HUMALOG	Multisource brand, no generic	Hormones & Synthetic Subst	\$186,346.10	0.63%	424	\$11.56	420
-	24	ZETIA	Single source brand	Cardiovascular Agents	\$184,230.55	0.62%	1,148	\$3.76	1,143
-	25	LYRICA	Single source brand	Central Nervous System	\$180,320.35	0.61%	798	\$6.85	756

*"Product Name" includes all strengths/formulations of a drug

Prescription Drug Utilization *(continued)*

In summary, the top 25 drugs represent 11.31% of total scripts and 31.28% of total Rx expenditures.

Summary	Net Pay Rx	Scripts Rx	Days Supply Rx
Top Drugs	\$9,318,370	48,908	1,694,167
All Product Names	\$29,792,525	432,454	13,352,436
Top Drugs as Pct of All Drugs	31.28%	11.31%	12.69%

Utilization

The top 25 clinical conditions based on incurred claims for January 2013.

Prev Rank	Curr Rank	Clinical Condition	Net Pay Med	Net Pay IP Acute	Net Pay OP Med	Admits Per 1000 Acute	Days LOS Admit Acute	Visits Per 1000 Office Med	Visits Per 1000 ER	Patients Med	Net Pay Per Pat Med
1	1	Signs/Symptoms/Oth Cond, NEC	\$5,547,904	\$1,306,329	\$4,125,501	3.21	9.43	504.98	16.28	16,760	\$331.02
2	2	Prevent/Admin Hlth Encounters	\$5,372,282	\$34,557	\$5,320,175	0.00	0.00	801.22	0.49	22,203	\$241.96
3	3	Osteoarthritis	\$3,391,602	\$2,080,257	\$1,301,436	3.26	2.90	213.30	0.58	4,151	\$817.06
5	4	Coronary Artery Disease	\$3,174,302	\$1,792,790	\$1,371,622	2.99	3.49	46.00	2.90	1,249	\$2,541.47
4	5	Gastroint Disord, NEC	\$2,990,123	\$437,915	\$2,551,859	1.52	4.21	153.38	22.13	4,754	\$628.97
9	6	Chemotherapy Encounters	\$2,791,715	\$373,328	\$2,418,387	0.62	4.36	0.94	0.00	225	\$12,407.62
6	7	Respiratory Disord, NEC	\$2,714,329	\$671,554	\$2,041,045	0.62	4.86	97.84	14.54	3,902	\$695.63
8	8	Spinal/Back Disord, Low Back	\$2,575,364	\$958,279	\$1,616,259	1.03	3.39	567.00	4.37	7,349	\$350.44
7	9	Arthropathies/Joint Disord NEC	\$2,357,796	\$289,891	\$2,048,064	0.45	2.50	450.38	4.77	8,100	\$291.09
11	10	Pregnancy w Vaginal Delivery	\$1,988,520	\$1,977,513	\$11,007	6.74	2.36	0.31	0.22	266	\$7,475.64
10	11	Renal Function Failure	\$1,835,909	\$270,411	\$1,546,967	0.40	7.89	17.76	0.40	686	\$2,676.25
16	12	Infections - ENT Ex Otitis Med	\$1,610,021	\$47,555	\$1,559,986	0.36	2.25	771.73	10.17	17,966	\$89.61
14	13	Cardiovasc Disord, NEC	\$1,598,574	\$298,053	\$1,299,595	0.89	2.75	51.80	13.25	1,883	\$848.95
15	14	Spinal/Back Disord, Ex Low	\$1,486,777	\$462,634	\$1,023,547	0.45	4.50	562.18	3.03	6,589	\$225.65
-	15	Infections - Respiratory, NEC	\$1,437,739	\$484,998	\$951,892	2.54	3.53	391.00	15.75	9,573	\$150.19
19	16	Cardiac Arrhythmias	\$1,426,468	\$676,710	\$742,827	0.98	2.55	38.01	2.86	1,073	\$1,329.42
12	17	Newborns, w/wo Complication	\$1,340,169	\$1,290,911	\$49,180	9.37	3.53	3.93	0.13	339	\$3,953.30
18	18	Cholecystitis/Cholelithiasis	\$1,291,826	\$386,298	\$905,514	1.03	2.91	6.38	1.78	285	\$4,532.72
17	19	Cancer - Breast	\$1,278,237	\$129,909	\$1,146,487	0.40	2.67	33.50	0.00	718	\$1,780.27
23	20	Cerebrovascular Disease	\$1,245,079	\$862,498	\$372,167	1.87	4.21	13.70	2.05	435	\$2,862.25
13	21	Condition Rel to Tx - Med/Surg	\$1,169,169	\$801,209	\$367,889	1.61	5.22	6.29	1.52	423	\$2,763.99
21	22	Urinary Tract Calculus	\$1,098,580	\$144,123	\$954,457	0.45	2.20	16.24	5.00	500	\$2,197.16
22	23	Diabetes	\$1,056,249	\$228,361	\$826,355	0.80	4.44	215.98	2.32	5,592	\$188.89
20	24	Infec/Inflam - Skin/Subcu Tiss	\$1,032,078	\$211,695	\$819,693	1.34	3.93	246.85	4.55	5,646	\$182.80
-	25	Hypertension, Essential	\$938,440	\$123,019	\$812,941	0.49	3.55	282.85	3.35	7,300	\$128.55

NOTE: Medical payments represent only the payments made for the specified condition.

Utilization *(continued)*

In Summary, the top clinical conditions represent more than 58.17% of total paid claims for all clinical conditions.

Summary	Net Pay Med	Net Pay IP Acute	Net Pay OP Med	Admits Per 1000 Acute	Days LOS Admit Acute	Visits Per 1000 Office Med	Visits Per 1000 ER
Top Clinical Conditions	\$52,749,251	\$16,340,796	\$36,184,853	43.41	3.86	5,493.52	132.46
All Clinical Conditions	\$90,685,861	\$27,451,786	\$62,840,984	78.21	4.31	8,866.95	247.92
Top Clinical Conditions as Pct of All Clinical Conditions	58.17%	59.53%	57.58%	55.50%	89.62%	61.96%	53.43%

Claims Lag Analysis

The following claims lag information is based on medical claims (does not include Rx) incurred January 2013.

Plan	Number of Medical Claims	Avg Days Lag Per Claim	% Claims Paid Within 30 Days	% Claims Paid Within 60 Days	% Claims Paid Within 90 Days
Capitol Choice	112,392	15.4	86.61%	96.62%	99.38%
Maximum Choice	57,130	16.1	85.33%	96.17%	99.12%
Optimum PPO	548,233	16.2	85.48%	96.15%	99.25%
Standard PPO	46,299	17.6	83.24%	95.60%	98.77%
~Missing	5,243	19.6	82.01%	95.25%	99.14%
All Plans	769,297	16.2	85.48%	96.18%	99.23%

**Missing means the claims could not be tagged to a specific plan.*

Claims Lag Analysis *(continued)*

The following claims lag information is based on all claims (**Medical and Rx**) incurred and paid during the most recent rolling year.

	Month Paid					
Service Month	May 2012	Jun 2012	Jul 2012	Aug 2012	Sep 2012	Oct 2012
Feb 2012	\$2,543,142.51	\$919,652.68	\$714,457.70	\$445,788.11	\$110,248.87	\$276,946.21
Mar 2012	\$8,867,051.95	\$2,576,271.39	\$1,196,543.85	\$624,295.94	\$470,448.39	\$108,941.28
Apr 2012	\$49,515,023.37	\$8,687,186.50	\$2,323,272.23	\$2,470,610.12	\$425,655.76	\$91,877.76
May 2012	\$65,511,363.75	\$49,833,040.51	\$9,717,765.06	\$3,351,250.49	\$1,054,206.43	\$1,128,096.05
Jun 2012	\$0.00	\$69,918,299.37	\$47,886,389.21	\$8,741,626.18	\$2,069,135.15	\$1,292,661.98
Jul 2012	\$0.00	\$0.21	\$70,089,112.91	\$47,875,300.88	\$8,223,619.34	\$2,620,191.23
Aug 2012	\$0.00	\$0.00	\$0.00	\$69,777,409.15	\$47,134,904.56	\$8,946,410.17
Sep 2012	\$0.00	\$0.00	\$0.00	\$0.00	\$53,179,538.37	\$50,595,570.25
Oct 2012	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$69,901,527.29
Nov 2012	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Dec 2012	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Jan 2013	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

	Month Paid					
Service Month	Nov 2012	Dec 2012	Jan 2013	Feb 2013	Mar 2013	Apr 2013
Feb 2012	(\$25,099.61)	\$10,291.58	\$44,732.38	\$67,460.32	(\$48,612.43)	\$21,076.70
Mar 2012	\$171,752.62	\$48,013.68	\$109,814.25	\$71,709.96	(\$29,672.25)	\$29,118.54
Apr 2012	(\$296,347.84)	\$85,778.95	\$5,130.16	\$116,005.14	(\$21,800.63)	\$26,312.60
May 2012	(\$47,248.40)	\$58,139.67	\$148,016.72	\$97,599.43	\$21,566.92	(\$5,048.51)
Jun 2012	\$705,399.90	\$127,374.79	\$271,416.80	\$16,943.11	\$108,927.21	\$42,299.45
Jul 2012	\$2,108,325.54	\$873,627.17	\$283,152.09	\$568,991.37	\$89,616.55	\$4,655.56
Aug 2012	\$4,254,345.63	\$1,150,060.08	\$714,145.73	\$325,038.07	\$130,061.35	\$66,074.38
Sep 2012	\$9,464,417.37	\$2,534,326.60	\$1,608,947.16	\$853,657.01	\$593,792.15	\$278,416.22
Oct 2012	\$50,277,688.99	\$8,755,904.06	\$4,092,606.61	\$1,120,830.55	\$464,834.05	\$317,656.91
Nov 2012	\$66,794,734.98	\$46,735,891.43	\$11,641,437.55	\$4,190,045.85	\$2,067,579.13	(\$609,109.37)
Dec 2012	\$0.00	\$63,139,546.44	\$55,590,172.58	\$8,061,645.95	\$4,321,592.09	\$2,914,863.12
Jan 2013	\$0.00	\$0.00	\$59,638,934.43	\$45,802,448.44	\$10,282,317.40	\$4,754,686.01

Claims Distribution Based on Age/Gender

The following is based on claims incurred January 2013.

	Female			Male		
Age Group	Members Avg	Net Pay Med and Rx	Net Pay Per Member	Members Avg	Net Pay Med and Rx	Net Pay Per Member
Ages < 1	1,287	\$1,030,285.12	\$800.53	1,347	\$2,441,096.25	\$1,812.25
Ages 1-4	5,504	\$955,614.74	\$173.62	5,847	\$1,080,322.71	\$184.77
Ages 5-9	7,965	\$1,014,125.33	\$127.32	8,274	\$1,101,646.54	\$133.15
Ages 10-14	8,823	\$1,037,281.70	\$117.57	9,046	\$1,713,781.20	\$189.45
Ages 15-17	5,380	\$1,120,333.93	\$208.24	5,875	\$1,055,303.98	\$179.63
Ages 18-19	3,745	\$888,429.77	\$237.23	3,853	\$650,953.96	\$168.95
Ages 20-24	9,332	\$2,074,980.42	\$222.35	8,626	\$1,297,729.61	\$150.44
Ages 25-29	8,723	\$2,593,217.42	\$297.29	4,747	\$722,126.62	\$152.12
Ages 30-34	10,127	\$4,019,373.86	\$396.90	5,398	\$1,001,153.32	\$185.47
Ages 35-39	10,909	\$4,225,318.73	\$387.32	6,003	\$1,646,129.98	\$274.22
Ages 40-44	13,253	\$5,283,756.22	\$398.68	7,111	\$2,617,779.92	\$368.13
Ages 45-49	14,186	\$7,253,967.88	\$511.35	8,149	\$3,220,426.86	\$395.19
Ages 50-54	16,594	\$9,711,654.37	\$585.25	9,318	\$5,290,854.21	\$567.81
Ages 55-59	19,580	\$13,409,848.18	\$684.87	11,702	\$8,697,161.98	\$743.22
Ages 60-64	20,619	\$16,582,934.26	\$804.26	13,126	\$11,377,582.79	\$866.80
Ages 65-74	2,460	\$1,997,452.01	\$811.97	1,749	\$2,002,055.63	\$1,144.69
Ages 75-84	136	\$353,969.21	\$2,602.71	170	\$467,187.81	\$2,748.16
Ages 85+	7	\$134,538.37	\$19,219.77	4	\$82,749.98	\$20,687.50

Allowed Amount Distribution

The following table shows the distribution of members for whom the amounts of charges within the specified ranges were allowed. The data appears for the years of 2006—2012 and year to date for 2013.

Allowed Amount	2006	2007	2008	2009	2010	2011	2012	2013
less than 0.00	9	16	27	22	42	63	31	1
\$0.00 - \$499.99	54,058	53,891	53,571	53,160	57,392	58,044	60,280	128,987
\$500.00 - \$999.99	32,931	33,830	34,248	34,982	34,386	36,012	36,370	22,438
\$1,000.00 - \$1,999.99	40,360	42,464	42,360	43,452	42,988	44,147	44,186	11,590
\$2,000.00 - \$4,999.99	54,430	56,819	58,612	59,566	60,341	60,339	60,055	7,332
\$5,000.00 - \$9,999.99	30,373	32,271	34,487	35,696	36,028	36,375	35,950	2,519
\$10,000.00 - \$14,999.99	10,608	11,983	13,272	14,198	14,874	15,009	15,286	967
\$15,000.00 - \$19,999.99	4,726	5,470	6,332	6,849	7,184	7,339	7,658	433
\$20,000.00 - \$29,999.99	4,284	5,050	5,930	6,475	6,960	7,131	7,116	384
\$30,000.00 - \$49,999.99	2,844	3,268	3,820	4,451	4,935	5,155	5,313	268
\$50,000.00 - \$74,999.99	1,090	1,306	1,492	1,773	2,022	2,256	2,404	102
\$75,000.00 - \$99,999.99	465	536	589	688	829	839	910	38
\$100,000.00 - \$149,999.99	354	406	499	545	651	707	786	30
\$150,000.00 - \$199,999.99	117	160	194	203	225	274	300	7
\$200,000.00 - \$249,999.99	60	81	83	116	117	118	140	3
over \$249,999.99	99	127	152	166	196	259	262	3
Total	236,808	247,678	255,668	262,342	269,170	274,067	277,047	175,102

Summary of Enrollment and Claims

The following provides a summary of members, incurred medical claims, and incurred Rx claims for the most recent rolling year.

Time Period	Members	Net Pay Med and Rx	Net Pay Med	Net Pay Rx	Claims Paid	Claims Paid Med	Scripts Rx
Feb 2012	270,589	\$120,146,557.02	\$92,037,761.56	\$28,108,795.46	767,768	332,292	421,909
Mar 2012	270,990	\$129,901,108.67	\$100,239,381.99	\$29,661,726.68	790,016	340,016	434,869
Apr 2012	270,888	\$122,978,695.87	\$94,440,456.84	\$28,538,239.03	733,830	312,783	406,213
May 2012	270,920	\$130,868,748.12	\$100,600,391.18	\$30,268,356.94	755,613	321,248	418,885
Jun 2012	270,646	\$131,180,473.15	\$102,036,653.44	\$29,143,819.71	733,938	319,888	398,679
Jul 2012	268,605	\$132,736,592.85	\$102,981,236.34	\$29,755,356.51	741,000	326,913	398,563
Aug 2012	267,402	\$132,498,449.12	\$102,201,850.71	\$30,296,598.41	763,983	334,647	413,631
Oct 2012	269,102	\$134,931,048.46	\$104,192,602.96	\$30,738,445.50	807,399	355,186	433,793
Sep 2012	265,359	\$119,108,665.13	\$91,422,922.17	\$27,685,742.96	701,216	296,749	389,572
Nov 2012	268,997	\$130,820,579.57	\$101,208,227.81	\$29,612,351.76	754,966	322,461	416,443
Dec 2012	269,238	\$134,027,820.18	\$102,845,443.82	\$31,182,376.36	753,231	305,031	432,090
Jan 2013	268,023	\$120,478,386.28	\$90,685,860.91	\$29,792,525.37	789,568	339,451	432,454

NOTE: Includes run out data from all Carriers

The following illustrates the change in incurred claims (includes medical and Rx) by rolling year.

Time Period	Members	Total Medical and Rx Claims	Total Medical Claims	Total Rx Claims
Feb 2011 - Jan 2012	270,585	\$1,489,426,497	\$1,144,929,006	\$344,497,492
Feb 2012 - Jan 2013	270,165	\$1,545,246,728	\$1,190,136,815	\$355,109,913
% Change (Roll Yrs)	-0.20%	3.70%	3.90%	3.10%